

inversion of the mucous and other coats of the tube, through which a probe could be readily passed into the upper part of the small intestine. Hence there may be said to have been an artificial anus at the umbilicus, with a prolapsus of the intestine.

Below the protrusion just mentioned, there was an irregular swelling, at the lower part of which an opening led into a tube one and a half inch long, the direction of which was downwards and backwards in a curve, but keeping the median line. This tube was lined, and the swelling at its upper end was covered, with smooth red mucous membrane; it terminated in a blind pouch, and evidently represented the lower portion of the colon, a fibrous cord continuous with it indicating an imperforate rectum.

At either side of this tube, firmly attached by areolar tissue to the brim of the pelvis, lay a somewhat irregularly bean-shaped body. Being laid open, each of these was seen to consist of a uterus, with a well-formed os tinæ, and a very short vagina; this latter had on the right side an external opening, while on the left it was closed, perhaps by mucus. Connected with the upper end of each of these bodies was a distinctly marked ovary and corpus fimbriatum; so that the abnormality here seemed to be merely a wide separation of the two symmetrical portions of the uterus, and not a duplicity of the organ.

No urinary bladder existed; but the ureters descended normally, and each one ran under the corresponding vagina, to terminate at its outer side. Thus the intervening cutaneous surface represented an exstrophied bladder. Just within each inguinal fold was a small prominence of skin, doubtless the indication of the labia majora; no other distinct trace of external organs existed.

Posteriorly, at the lower extremity of the back, the skin was elevated into a rounded swelling over a sac communicating with the dura mater, and containing f3j or more of bloody serum. This sac seemed to be simply supplementary to the spinal canal; at its upper part, on its anterior surface, were two rounded vascular masses of a tufted appearance.

It was easy to perceive that there was a deficiency in the junction of the lateral halves of the pelvis anteriorly; and dissection showed that this was owing not to the absence of any part of the bony walls, but simply to a separation of the bodies of the pubic bones, the interval between them being filled up with areolar tissue and fat. It need hardly be suggested that this separation and that of the lateral halves of the uterus were intimately connected, and probably due to the same cause, whatever that may have been.

*Spina Bifida, with Cyanosis.*—Dr. KANE gave the following account of the case, exhibiting the parts:—

The subject from which these specimens were obtained was born under the auspices of a student in Dr. Penrose's obstetrical class, and the history of the case is unfortunately meagre and unsatisfactory. The mother, a delicate florid-complexioned woman of about twenty years of age, was, during the first six months of her pregnancy, under my care for disease of the heart, with mitral regurgitation, accompanied by severe pains in the back, and a constantly recurring menstrual flux; the latter symptom came on about eighteen months before, shortly after the birth of her first child, and continued at intervals of two weeks until within four months of her last confinement. About three weeks before this event she experienced severe pains, and had a slight discharge from the vagina; but the symptoms passed off. The labour was normal and easy.

The child, which was a male, cried freely on entering the world, and its functions were naturally performed. The region of the sacrum was unusually flat, and covered only by a thin transparent pellicle, through which the vessels and moving fluid could be plainly distinguished. The following morning this pellicle had developed into a fluctuating tumour; on this morning, also, it was observed that the child appeared to have an impediment in his breathing, and that he sucked with difficulty. The latter symptom continued to increase until the 15th of February, 1861, when death took place.

The tumour was at first pellucid, but it shortly assumed a dark purple colour. It slowly increased in size during thirteen days, when it burst and evacuated its entire contents, which consisted mainly of bloody serum with some pns. It scabbed over and gradually became distended again, but never entirely regained its former size.

I first saw the child on the afternoon of February 15th; it was then in a dying condition. It was lying perfectly still in its mother's lap with its eyes closed, breathing very slowly and apparently with great difficulty. Several seconds invariably elapsed between the inspirations, which were made with short spasmodic jerks, and were accompanied by a whooping sound and by a depression of the trachea. I could not detect any corresponding depression of the intercostal spaces or abdominal muscles, although the thorax appeared to expand but little. The entire surface of the body was of a dark crimson hue.

Percussion elicited a clear sound over the entire chest. My efforts at auscultation were unsatisfactory, owing to the jerking character of the respiration and the position of the child in its mother's lap, any attempt at altering which was attended by an entire cessation of respiration for from fifteen to twenty seconds, during which time the child would become so livid that I feared immediate death.

The fontanelles were large, and the separation of the cranial bones at the sutures rather wider than usual.

The sacral portion of the spine was the seat of a fluctuating, semi-transparent, lobulated tumour about the size of a green-gage, constricted at the base, and of a dark purple colour; its tegumentary covering was very thin, and ulcerated over its most prominent portion. This tumour was evidently connected with the medullary canal; by pressing near its constricted margin I could readily feel the free margins of the imperfectly developed half arches of the sacral vertebræ. The rest of the spinal column appeared to be normally developed, all the spines being prominent. The left leg was partially paralyzed, and presented the somewhat rare deformity known as talipes calcaneus. The child remained in the condition I have described until noon of the following day, when it died. There was no convulsion preceding death.

*Autopsy twenty-three hours after death.*—The body was rather small, but not emaciated. There was marked rigor mortis.

The lungs floated on water, but were much congested, especially at their upper portions, the congestion being most marked at the apex of the left lung.

The heart was about the usual size and shape, and all its valves were normally developed, but the ductus arteriosus and the foramen ovale remained pervious. All the cavities of the organ were distended by soft dark clots.

The liver, kidneys, and intestines were normal.

The brain was not examined.

The fluctuating tumour over the sacral region of the spine had somewhat diminished in size, not being larger than a large prune-plum. On cutting through its outer walls, which were very thin and appeared to be composed of the integuments and *dura mater*, about two teaspoonfuls of bloody serum escaped, bringing to view an inner sac, much smaller, which protruded from the spinal canal through the deficient half-arches of the sacrum. This I took to be the true arachnoid sac; it was about an inch in length, and as large round as a large swan-quill. When first exposed, it was filled with a clear pellucid fluid, but gradually emptied itself. On laying it open, several filaments of nerves were seen losing themselves upon its inner surface. The sacral half-arches were entirely wanting, and those of the fifth sacral vertebra were only partially developed, the union between them being formed by a ligamentous band. The rest of the spine, however, was normally developed.

Members of the family who remained in the room objected to my proceeding further with my examination, so that I was unable either to examine the brain and upper cervical vertebræ, or to trace out the sacral nerves.

*April 10. Abscess in the Head of the Tibia.*—Dr. HODGE exhibited a diseased tibia, with the following remarks:—

C. D., a coloured woman, sixty-four years of age, was admitted to the Pennsylvania Hospital, May 3, 1859. She stated that for about forty years she had had more or less trouble with her left leg. At various times ulcers had formed upon it, but they had successively healed. During the winter of 1856-7, she had been in the hospital for these ulcers. Since then she had been moving about as usual, except during the last few months.

At the time of her admission, the whole leg was much swollen; there were two ulcers above the internal malleolus, and in front, just below the knee, a sinus leading to dead bone, with two fistulous orifices on the inner side of the knee. The pus discharged was in very great quantity, and of an offensive odour. Her system was very much weakened; she suffered a great deal of pain, and could obtain but little sleep.

After consultation with his colleagues, Dr. Neill amputated the limb just above the knee. Mortification of the flaps ensued, and in a few days the woman died.

The head of the tibia presents a circumscribed abscess measuring in its length two and a quarter inches, and in its width varying from three-quarters to one and a half inch. Its depth is about one inch, and its external orifice is about a quarter of an inch in diameter, and smoothly rounded. The bone around the abscess is hypertrophied and roughened. The periosteum was much thickened. The orifice of the abscess is in front, and about one and a half inch below the knee.

*April 24. Secondary Carcinoma.*—Dr. HODGE related the case, as follows:—

On the 9th of November, 1859, I presented to the society a specimen of cancer of the breast removed that morning by Dr. Norris. (See *Proceedings of Path. Soc.*, vol. i. pp. 268-270.) The wound made in its removal healed kindly. About eight weeks, however, after the operation, little nodules of characteristic hardness were detected a little way above the scar. They gradually increased in size, and the patient soon experienced a return of her old lancinating pains. Her appetite and strength began to fail, so that by May she could only walk a few squares. At that time she was liable to